



Arkansas Baptist College Upward Bound Program
1621 Dr. Martin Luther King Drive
Little Rock, AR 72202
(501) 492-0692

Summer Application Packet

2015





Arkansas Baptist College Upward Bound Program

Student Contract Summer 2015

The Upward Bound Program has certain rules and regulations that must be observed in order for the program to function properly during the summer. When a student accepts admission to Upward Bound, he/she automatically accepts responsibility for not violating these rules. So that students and parents will be more aware of the consequences that result when students violate certain regulations, students, staff and personnel have developed this written disciplinary code. **It is extremely important that students and parents read and understand this code.**

Classroom

Violation	Consequences
1. Late for any class one time (unexcused)	Students will discuss with teachers the reason for tardiness.
2. Late for any class two or more times (unexcused)	Student will have conference with Director, Counselor and Teacher in hopes of determining why the student is late and rectify the problem. If student does not want to participate in classroom activities, he/she will be dismissed from summer program to allow a more activate Upward Bounder to participate.
3. Inappropriate classroom (disruptive behavior, sleeping, non-attentiveness, poor attitude)	Student will have conference with Director, Counselor and Teacher. If students do not want to be involved in classroom activities he/she will be sent or taken home.
4. Missing class one time	Students will have conference with Director, Counselor and Teacher. Student must make up missing assignments. Teacher will report name of student to Director, who will have a conference with the students. Student parents may be contacted. Also, student may lose desirable privileges, or sent or taken home if this happens more than once.
5. Less than 2.0 grade point average	Student will have a conference with the Director and Teacher. Student will not be allowed to go on the out-of-state trip and will be sent home. However, students will return to the Upward Bound Program in September and be reinstated on the stipend list.



Arkansas Baptist College Upward Bound Program

Parent/Student Contact Form

Student's Name:	Birth date:
Address:	City/State/Zip
Home Phone:	Cell Phone:
Father's Name:	Business Phone:
Mother's Name:	Business Phone:
Emergency Contact Name:	Phone:
Student Email:	Parent Email:



Social

Violation	Consequences
1. Late for an activity	Must have valid reason for being late. Otherwise, student will assist with clean-up after activity.
2. Possession or use of controlled substances (drugs, alcohol, weapons, etc.)	Conference with Director. Student's parents or guardian will be contacted. Student will be taken or sent home.
3. Possession or use of illegal substances (non-prescription drugs)	Student will be taken or sent home, No exceptions.
4. Visitation of restricted area of college campus without permission	Student shall have a conference with Residence Hall Director, Tutor/Mentor. Student's parent or guardian will be contacted. Student will be taken or sent home.
5. Starting or possibly engaging in a physical fight with any other Upward Bound student or any college student.	All students involved shall have a conference with the Director and Counselor to try to resolve the problem. Parent or guardian may be contacted depending on the seriousness of the offense. Students may be taken or sent home.
6. Driving or riding a motor vehicle without permission of parents and UB Director.	Students will receive warning the first time and will be on restriction the next time.
7. Students must be and remain in groups of three when allowed off campus	Students will receive warning the first time and will be on restriction the next time.
8. Students can bring cellular phones on campus	Cellular phones will be confiscated if used in class or during a scheduled activity.

I _____ (student name), agree and understand policies as stated above.

Parent's Signature _____ Date: _____

Student's Signature _____ Date: _____



Residence Hall

Violation	Consequences
1. Damage to the residence hall property.	Students will pay for any damages from stipends.
2. Horseplay- such as throwing someone in the shower, fighting, breaking things, etc	Students that engage in this type of behavior may be sent or taken home and will pay for damage incurred.
3. Playing radio, TV, too loud during study time.	Students will be asked to turn their music off. If student persists in this type of behavior, Tutor/Mentor on the floor will report name of student to Residence Hall Director. Students may have his/her radio, TV etc. put into storage for a period of time.
4. Shouting out Window	Student will be warned by Tutor/Mentor and if shouting occurs more than once, conference with Residence Hall Director and some privileges may be removed.
5. Undressing without closing curtains.	Student will receive warning from Tutor/Mentor or residence Hall director and Counselor will be informed.
6. Stealing from room of fellow student or roommate.	The offender will have conference with Director and Counselor. Offender shall return articles. Student can be sent home.
7. Exceeding maximum number of students allowed in one room	Those students to whom the room was assigned may be restricted from having fellow students visit their room, if students are too loud.
8. Illegal visitations on floors between member of the opposite sex is off limits	Students will be sent or taken home, No exceptions.
9. Setting off fire alarm	Student may be reported to the Fire Marshall and be sent home.
10. Failure to keep room clean	Student will be subject to weekly room check.



Arkansas Baptist College Upward Bound Program

Roommate Request Form

Date _____

Student Name: _____

I am requesting that my roommate for Summer 2015 is _____

No roommate preference: _____ (please check if you're open to rooming with any student)

Student's Signature: _____

*Upward Bound will make every attempt to honor your roommate request, but no guarantees are made. Roommate preference is based on availability, mutual agreement between students, and student attendance in Summer Component.



Arkansas Baptist College Upward Bound Program

Activity Travel Form

I, _____ (Parent name), give my permission for my son/daughter, _____ (child's name), to travel and participate in all Upward Bound activities during the Summer Component 2015. Additionally, my child has my permission to travel out-of-state with ABC's Upward Bound program for the end of summer trip.

Parent/Guardian's Signature _____ Date: _____



Arkansas Baptist College Upward Bound Program

Medical Release Form

I, _____ (parent's name), given my permission for my son/daughter, _____ (child's name), to receive the necessary medical attention while participating in ABC's Upward Bound's Summer Component 2015. My consent extends to medical examinations and necessary treatment, including drugs, x-rays, or more serious issues such as surgery, as deemed necessary by attending physician. In the event that any of these actions are necessary, the program Director will make every reasonable attempt to reach me and be guided by my wishes, if it is the case that I cannot be contacted, the attending physician has my consent to act as medical judgment dictates.

Parent/Guardian's Signature: _____ Date: _____



Arkansas Baptist College Upward Bound Program

Release of Liability Form

I, _____ (parent's name), understand that by giving my permission for my son/daughter, _____ (child's name), to travel and participate in Upward Bound activities during the Summer Component 2015, I am releasing Arkansas Baptist College and Upward Bound from all liabilities associated with accidents or injuries that may occur during these activities.

Additionally, I understand that my child will be closely supervised at all times and risks of accidents or injuries will be greatly reduced due to adequate program supervision. However, in the event of an accident or injury I will be notified and my child will be given appropriate medical attention in a timely manner.

Parent/Guardian's Signature: _____ Date: _____



Arkansas Baptist College Upward Bound Program

Student Withdrawal Form

I, _____, willfully withdraw from the Arkansas Baptist College Upward Bound Summer Component 2015. Upon doing so, I understand that I forfeit my right to receive any stipends or other privileges affiliated with the summer Component.

Parent/Guardian's Signature: _____ Date: _____

Student Signature: _____ Date: _____

This form will ONLY be used when a student voluntarily withdraws from the Summer Component before its conclusion. It is mandatory to sign this form in advance so that it is complete when your child withdraws. This form WILL ONLY be used when a student voluntarily withdraws from the program.



Arkansas Baptist College Upward Bound Program

Student Suspension Form

I, _____ understand that do to my actions, which involved committing a grievous offense to the Upward Bound rules and regulation; I am being suspended for the remainder of the Summer Component 2015. As a consequence of my suspension, I understand that I forfeit my right to receive any stipends or others privileges affiliated with the Summer Component.

Parent/Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____

This form will ONLY be used if your child is suspended from the Summer Component due to misconduct before the conclusion of the six-week Residential Component. It is mandatory to sign this form, in advance, so that it is complete in the event your child is dismissed for the summer. This form WILL NOT be used unless your child is suspended from the Summer Component 2015.



Arkansas Baptist College Upward Bound Program

Student Travel Permit Form

I, _____ (parent's name), give my permission for my son/daughter,
 _____ (child's name), to travel home at week's end from ABC's
 Upward Bound Summer Component with the individual(s) listed on this form. I understand that
 ABC's Upward Bound WILL NOT allow my child to travel with any person not listed on this
 travel form.

Driver's Name and Cell Phone Number

<i>Name</i>	<i>Cell Number</i>
1.	
2.	
3.	
4.	
5.	

Parent/Guardian's Signature: _____ Date: _____



Arkansas Baptist College Upward Bound Program

To be completed by parent/custodian guardian

Student Name:	Birth Date:
Address:	City/State/Zip
Home Phone:	Cell Phone:
Father's Name:	Business Phone:
Mother's Name:	Business Phone:
Emergency Contact Name:	Phone:

Family Health Insurance Information

Carrier:
Policy:
Relationship to participant:
Social Security number of policy holder or ID number

I don't have medical insurance coverage for my child who is a participant in ABC's Upward Bound Program. (If child is uninsured, Temporary Summer Insurance will be purchased by Upward Bound for summer 2015)

TO BE SIGNED BY PARENT/GUARDIAN (must be signed for attendance in program)

My signature certifies that all medical information given to Arkansas Baptist College's Upward Bound Program is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Arkansas Baptist College Upward Bound Program



MEDICAL HISTORY AND CONSENT FORM

Student's Name: _____ Date of Birth: ___/___/___

Parent's Name: _____ Parent Cell : (____) _____

EMERGENCY CONTACT INFORMATION

Primary Person to Contact in Case of Emergency:

Name: _____ Relationship: _____

Address: _____

Phone: (cell) _____ (work) _____ (home) _____

Additional Contact (Emergency)

Name: _____ Relationship: _____

Address: _____

Phone: (cell) _____ (work) _____ (home) _____

Student's Physician (Name) _____ **(Number)** _____

MEDICAL INSURANCE INFORMATION

Name: of Insurance Company: _____

Insurance Company Mailing Address: _____

Insurance Company Phone Number: _____

Policy Holder Name: _____

Policy Holder Address: _____

STUDENT'S MEDICAL HISTORY

Asthma Yes___ No___

Tuberculosis Yes___ No___

Epilepsy Yes___ No___

Diabetes Yes___ No___

Heart Trouble(Specify) Yes _____ No _____

Sickle Cell Yes___ No___

Other (Specify) Yes _____ No _____

ALLERGIES (medication, food, environmental,etc) Please list All Known Allergies and provide all requested information to improve treatment in the event of exposure. Please attach additional sheet if necessary.

Medication Allergies

Medication/Severity of Reaction (Mild,Moderate,Servere):_____

Symptoms:_____

Treatment if

Exposed:_____

Food or Environmental Allergies

Food or Environmental Allergy/Severity of Reaction (Mild, Moderate, Severity):

Symptoms:_____

Treatment if

Exposed:_____

Food or Environmental Allergy/Severity of Reaction (Mild, Moderate, Severity):

Symptoms:_____

Treatment if

Exposed:_____

MEDICATION(S) AND ADDITIONAL MEDICAL INFORMATION

Any student needing to take prescription medications during the summer program must have parental consent. Please complete the following information for each medication, including emergency medication. You may attach additional sheets of paper if needed.

Medication Name (1):_____

Diagnosis of condition requiring, medication:_____

Dosage and time/frequency:_____

Common side effects and/or intended

effects: _____

Special circumstances under which the medication is to be administered: _____

Medication Name (2): _____

Diagnosis of condition requiring, medication: _____

Dosage and time/frequency: _____

Common side effects and/or intended effects: _____

Special circumstances under which the medication is to be administered: _____

Medication Name (3): _____

Diagnosis of condition requiring, medication: _____

Dosage and time/frequency: _____

Common side effects and/or intended effects: _____

Special circumstances under which the medication is to be administered: _____

Is there any medication you need to carry with you for emergencies? YES _____ NO _____

If yes please list below

Emergency Medication Name (1): _____

Diagnosis of condition requiring medication: _____

Dosage and time/frequency: _____

Common side effects and/or intended

effects: _____

Special circumstances under which the medication is to be administered: _____

Emergency Medication Name (2): _____

Diagnosis of condition requiring medication: _____

Dosage and time/frequency: _____

Common side effects and/or intended effects: _____

Special circumstances under which the medication is to be administered: _____

Do any medications require refrigeration? YES _____ NO _____

If yes, please specify: _____

Over the Counter Medications

The following medications are provided to all Upward Bound students on an "as needed" basis. Please write "NO" beside any of these medications you **do not** want your child to receive.

Aspirin _____

Imodium _____

Pepto Bismol _____

Tums _____

Advil _____

Ibuprofen _____

Bayer _____

Tylenol _____

Additional Health Conditions

Do you have any additional health conditions other than those previously listed (such as surgery; hospitalizations; injuries; chronic conditions; physical; psychological, emotional, or mental illness) that may need special consideration before or during your experience or may affect your ability to participate in this program? YES _____ NO _____

Condition _____

How often do you have symptoms? _____

Treatment during traveling _____

Restrictions and Limitations

Do you have any dietary restriction? YES ___ NO ___

If yes, please explain: _____

Physical limitations: _____

HEALTH AND EMERGENCY AGREEMENT

I authorized the release of information contained in the Medical History and Consent form to Arkansas Baptist College’s Upward Bound staff for the purpose of ensuring my child’s well-being. In the event that my child needs emergency medical care, surgery or hospitalization I hereby give ABC’s Upward Bound staff permission to act in mu place in the event of a medical emergency, I order to obtain needed care. **I understand that the medical information given in this form extends to all students travel activities with the program.**

Parent Signature **Date**